WATER '	WELL I	RECORD	Form	wwc-5	Γ	Division	n of Wat	ter Reso	urces; App. N	0.	
1 LOCAT	ION OF V	WATER WELL:	Fraction		~	1	4 77		1 7 21	c	Range Number R 22 E
County: Distance and	direction	from nearest town	or city stree	t address of	well if	LYMUU	al Posi	itioning	System (dec	cimal deg	rees, min. of 4 digits)
located with	in city? 11	00 W. Hwy 400, M	IcCune KS			Lat	itude:	$\frac{N3/}{W05}$.34091° 5.01390°		
						Loi	igitude:	DTM:	: 882.56; TO	C· 882.2	4
2 WATER	WELL (OWNER: Pete's	Corporatio	n			um:		884 _	<u> </u>	
RR#, St.	Address, l	Box # : PO Box	x 876			Dat	a Colle	ection N	1ethod: lega	l survey	
City, Sta	te, ZIP Co	de : Parson	8 KS 6/35/	TOTAL ANGEL	T 20 0'		a cone	JOHOII 11	ft.		
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 25.52											
LOCAT				. 11		14.	L VV 3	ft 2		ft. 3	ft. day/yr 12/16/13 ning gpm
	AN "X" IN	Depth(s) Groun	ndwater Enc	ountered			1 10.	11. 2 nd ourfa	nce measure	on mo/	day/yr 12/16/13
SECTIO	ON BOX:	WELL'S STA	TIC WATE	R LEVEL	4.13	. IL. DO	10W 141	nu sum	housande	re numr	ing gnm
	N										
⊢nw-	+ NE -										
		1 Demonstin 2	Food lot	6 Oil field:	water si	เททโบ		y Dew	atering	12 00	nor (specify below)
W 	1	E 2 Irrigation 4	Industrial	7 Domestic	: (lawn	& gar	den) (10)Mon	utoring well		
L S.M		l 1									TC -/
Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs Was a chemical/bacteriological sample submitted to Department? Yes No X Sample was submitted Was a chemical/bacteriological sample submitted to Department? Yes No X Sample was submitted Was a chemical/bacteriological sample submitted to Department? Yes No X Sample was submitted											
<u> </u>	X ¹ S							A/STAT W	ven insmico	icu: 10	3 110 /2
	<u> </u>										
5 TYPE (OF CASIN	IG USED: 5	wrought	ron	0 Oth	or (ene	nic cify he	olow)		Weld	ned X n. to ft. No.
1 Stee	1 3	RMP (SR) 6	Asbestos-C	ement	9 Ouk	er (spe	city be	710 W)		Threa	nded X
(2) PVC	2	ABS 7	Fiberglass						Dia	it	to ft.
Blank casin	ig diameter	2 in. to	14.92	ft., Dia		^{in.}	ιο 	II.	., Dia	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	No
Casing heigh	ht below la	nd surface 0	32 ft., W	eight			IDS.	/π. wa	in unckness	or gauge	140.
TYPE OF S	SCREEN (OR PERFORATIO	N MATERI	AL:	,	\ D C	1		11 Other	(snecify))
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 9 ABS 11 Other (specify) 2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)											
2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Aspestos-Cement 12 None asset (open note)											
SCREEN OR PERFORATION OPENINGS ARE: SCREEN OR PERFORATION OPENINGS ARE: 9 Drilled holes 11 None (open hole)											
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Gauze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From 14.92 ft. to 29.92 ft. From ft. to ft.											
2 Lou	ACIEU SHIII	TED INTERVAL									
SCREEN-F	EKTOKA	1 ED IN LEK VALE									
GD.	TICL DAG	CK INTERVALS:	Erom	13	fit to	- 3	0.30	n. F:	rom	II.	10
GRA	AVEL PAC	K INTERVALS.	From		ft to			ft. F	rom	ft.	to ft
			riom _		600			4)Otho		0_1,	
6 GROU	T MATE	RIAL: 1 Neat ce	ment 2 Ce	ement grout	(3)	entom	te (4)Ome	Erom		ft. to ft.
Grout Inter	vals Fr	om 1 ft. t	o <u>13</u> f	t. From		tt. to		II	FIOIII		11. 10
What is the	nearest so	ource of possible co	тапшаног	1.					secticide Sto		16 Other (specify
1 Septi	c tank	4 Lateral l	ines 7 Pit p	ΠVY	10 Liv	estock	pens	1.0 1111	secucide 510 pandoned wa	ter well	below)
2 Sewe	er lines	5 Cess po	ol 8 Sew	age lagoon	(1) Fue	l stora	ige		il well/ gas w		0010**)
3 Wate	rtight sew	er lines 6 Seepage	pit 9 Feed	lyard					ii weiii gas w	7011	
Direction fi	rom well?	SW			How n	nany I	eet: ~:	130			
FROM	TO	LITHO	LOGIC LC)G	FR	OM	TO		PLUGG	ING IN	TERVALS
0	5	Gravel on top; B									
5	15	Tan silty clay w/	gray mottli	ng & Fe							
-		staining									
15	25	Brown to gray m	udstone								
25	30.30	Gray mudstone									
											
								Fluck	mount wai	ver fron	n BOW
		OD I INDOM	MEDIC OFF	TIPICAT	ION: T	his wa	ter well	was (1)	constructed	(2) recons	structed, or (3) plugged
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 1) constructed, (2) reconstructed, or (3) plugged and this record is true to the best of my knowledge and belief											
under my jurisdiction and was completed on (mo/day/year) 12/26/13											
by (signature)											
under the bu	isiness nam	EUI Laisen & As	the servet car	owers Send to	n three co	nies to	Kansas I	Departma	nt of Health and	Environn	nent, Bureau of Water,
under the business name of Larsen & Associates, Inc. INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send and to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell.											
your records.	Fee of \$5.00) for each constructed v	vell. Visit us a	t http://www.k	dheks.gov	//water	vell.		$-\mathcal{W}$		